FILED

Jan 29, 2003 8:00 am Secretary of State

01-29-2003 90314 010 ***150.00

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

DOCUMENT

Principal Place of Business

1428 BRICKELL AVE. SUITE 400

P99000047575

Mailing Address

1428 BRICKELL AVE. SUITE 400

1. Entity Name

R.P.L.S., INC.



MIAMI FL 33131 MIAM! FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. -Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0965233 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **CUMMINGS. PAUL M** Street Address (P.O. Box Number is Not Acceptable) 1428 BRICKELL AVE, SUITE 400 **MIAMI FL 33131** City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Addition ☐ Delete NAME **BROSTOFF, ROSE** NAME 930 FIFTH AVE #14F STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **NEW YORK NY 10021** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition **BRILL, PAULA** NAME NAME STREET ADDRESS 930 FIFTH AVE STREET ADDRESS

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12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

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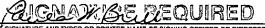
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NEW YORK NY 10021



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